

Fill in this information to identify the case:

Debtor 1 David Stinnett
 First Name Middle Name Last Name

Debtor 2
 (Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the Southern District of Indiana

Case number: 00-70768

FILED '23 DEC 12
BANKR SD INDPH2:47

Form 1340 (12/19)

APPLICATION FOR PAYMENT OF UNCLAIMED FUNDS**1. Claimant Information**

For the benefit of the Claimant(s)¹ named below, application is made for the payment of unclaimed funds on deposit with the court. I have no knowledge that any other party may be entitled to these funds, and I am not aware of any dispute regarding these funds.

Note: If there are joint Claimants, complete the fields below for both Claimants.

Amount:	\$54,333.30
Claimant's Name:	James D Stout
Claimant's Current Mailing Address, Telephone Number, and Email Address.	P. O. Box 8 Bridgeport, IL 62417, 323-425-4150, jamesdstoutesq88@gmail.com

2. Applicant Information

Applicant² represents that Claimant is entitled to receive the unclaimed funds because (*check the statements that apply*):

- ☒ Applicant is the Claimant and is the Owner of Record³ entitled to the unclaimed funds appearing on the records of the court.
- ☐ Applicant is the Claimant and is entitled to the unclaimed funds by assignment, purchase, merger, acquisition, succession or by other means.
- ☐ Applicant is Claimant's representative (e.g., attorney or unclaimed funds locator).
- ☐ Applicant is a representative of the deceased Claimant's estate.

3. Supporting Documentation

- ☒ Applicant has read the court's instructions for filing an Application for Unclaimed Funds and is providing the required supporting documentation with this application.

¹ The Claimant is the party entitled to the unclaimed funds.

² The Applicant is the party filing the application. The Applicant and Claimant may be the same.

³ The Owner of Record is the original payee.

4. Notice to United States Attorney

Applicant has sent a copy of this application and supporting documentation to the United States Attorney pursuant to 28 U.S.C. §2042, at the following address:

Office of the United States Attorney
Southern District of Indiana
10 W Market Street, Suite 2100
Indianapolis, IN 46204

5. Applicant Declaration

Pursuant to 28 U.S.C. §1746, I declare under penalty of perjury under laws of the United States of America that the foregoing is true and correct.

Date: 11/28/2023

James D Stout
Signature of Applicant

James Stout

Printed Name of Applicant

Address: P. O. Box 8
Bridgeport, IL 62417

Telephone: 323-425-4150

Email: jamesdstoutesq88@gmail.com

5. Co-Applicant Declaration (if applicable)

Pursuant to 28 U.S.C. §1746, I declare under penalty of perjury under laws of the United States of America that the foregoing is true and correct.

Date: _____

Signature of Co-Applicant (if applicable)

Printed Name of Co-Applicant (if applicable)

Address: _____

Telephone: _____

Email: _____

6. Notarization

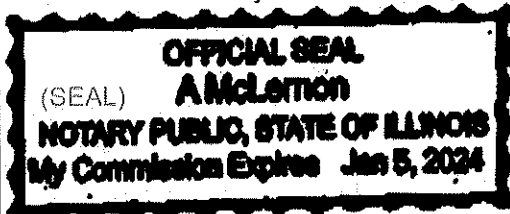
STATE OF Illinois
COUNTY OF Cook

This Application for Unclaimed Funds, dated 11/28/2023
was subscribed and sworn to before me this
28th day of November, 2023 by

James D Stout
who signed above and is personally known to me (or
proved to me on the basis of satisfactory evidence) to
be the person whose name is subscribed to the within
instrument. WITNESS my hand and official seal.

Notary Public _____

My commission expires: Jan 5 2024

**6. Notarization**

STATE OF _____
COUNTY OF _____

This Application for Unclaimed Funds, dated _____
was subscribed and sworn to before me this
_____ day of _____, _____ by

who signed above and is personally known to me (or
proved to me on the basis of satisfactory evidence) to
be the person whose name is subscribed to the within
instrument. WITNESS my hand and official seal.

Notary Public _____

My commission expires: _____

(SEAL)